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<p>While tobacco use in the military costs over \$584 million per year in health related expenses, 29.9% of our enlisted forces continue to smoke (Helyer, Brehm, & Perino, 1995; Bray, Sanchez, Ornstein, et al., 1999). The primary objective of this study is to evaluate the efficacy of a community initiative on smoking prevalence among active duty personnel and TRICARE Prime beneficiaries. Sixteen military installations (four each from the Air Force, Army, second year of the study research accomplishments include implementing, monitoring and modifying the intervention campaign, sourcing, identifying and random assignment of the Navy and Marine sites, obtaining preliminary IRB approval from the Bethesda Navy IRB, and consulting with Army personnel on identifying Army bases that will volunteer to participate in the study.</p>		
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INTRODUCTION:

The subject of this study is a community intervention that adheres to the Department of Defense clinical practice guidelines on tobacco use cessation. The purpose of this study is to evaluate the efficacy of an intervention on smoking prevalence in the Air Force, Navy, Marines, and Army. The scope of the intervention covers a continuum from modest interventions such as anti-tobacco articles in the military newspapers to more intense interventions such as enhancing nicotine replacement therapy, all of which are designed for systems change and capacity building at specific military installations.

BODY:

At the end of this second year of the study, several milestones have been achieved in regard to the successful implementation of this community trial. These research accomplishments include implementing, monitoring and modifying the intervention at Air Force sites, refining the survey instrument, creating all of the necessary components of the community campaign, sourcing, identifying and random assignment of the Navy and Marine sites, obtaining preliminary IRB approval from the Bethesda Navy IRB, and consulting with Army personnel on the identifying of Army bases that will volunteer to participate in the study.

Intervention

Implementing, modifying, and monitoring the intervention at Air Force sites involved several important steps. In order to implement the treatment, it was first important to assign the participating Air Force sites to treatment conditions. Once treatment conditions were assigned, visits were scheduled at each base to meet with key leaders and discuss how we could best implement and monitor the intervention. A brief presentation was delivered to the base commander, hospital and dental commanders, and key community representatives. These meetings allowed the base volunteers to tailor the intervention to meet their specific needs and abilities.

The intervention is a comprehensive community tobacco addiction reduction plan. The plan began as a very unstructured approach, but evolved to be much more structured, evidenced in the attached guide (appendix 1). Topics are sorted by: leadership and policy, community action team, primary care, training, junior enlisted, social marketing, websites, and contact information. The leadership and policy plan suggests specific tactics for leaders and supervisors to take in order to support tobacco use reduction efforts on an installation. The community action team plan offers guidance to helping units (e.g., family support, equal opportunity, child and youth services, etc.) in addressing tobacco and making the problem of tobacco more visible on the installation. The primary care plan offers guidance to primary care units (e.g., family medicine, internal medicine, pediatrics, dentistry) to address tobacco use and cessation in their clinics and to implement the DoD/VA Tobacco Intervention guidelines. The training plan provides details on implementing three versions of the basic skills training to installation personnel. The junior enlisted plan specifically targets the 18 to 24 year old population, the group that reports the highest percentage of tobacco use. The social marketing plan offers concrete advice on effectively disseminating the message that tobacco use is incompatible with military life. Each of these plans includes the identification of a team leader, an assistant team leader, goals, activities, and metrics/outcomes so that the workload would be distributed among multiple points of contact.

Survey

Refining the survey instrument was important for several reasons. First, several of the questions regarding abuse of alcohol or dietary habits were deemed inappropriate by representatives from the Navy and Marine and therefore were removed from the questionnaire (see appendix 2). Second, because of the low response rate from the Air Force sites (only 2,125 surveys were returned), we created a shortened form of the questionnaire to be sent to non-respondents (see appendix 3). This shortened version of the questionnaire was then mailed to the non-respondents in an attempt to increase the response rate as well as identify the desired cohort of 150 smokers to track for the 18-month evaluation, however, only an additional 173 abbreviated surveys were

returned. At this point, while the response rate is less than we had anticipated, the primary determinant of statistical power is the number of sites, not the number of survey respondents. Furthermore, the Air Force collects tobacco use data during ergonometric tests, and we hope to compare our data with that information.

Training

The training program has also been expanded to meet the specific needs of the military. Through the continued monitoring of training, it was discovered that the four-hour training seminar was not tenable with the duty day of some in the military. Therefore the training program (basic skills training) was re-designed into a modular approach with the first module being a 10 to 30 minute briefing that provides information on tobacco use, the second module a two-hour seminar that teaches people to intervene on and refer tobacco users to resources, and the third module a two-hour seminar that teaches people to motivate and assist the tobacco user toward cessation. As a way to provide continued motivation to tobacco counselors/anti-tobacco advocates, an e-mail distribution has been created and brief notices created to send weekly tobacco-related messages to all those certified in basic skills. Appendix 4 provides a sample from the training programs.

Development of an 18 to 24 year old focus and submission of an additional grant to the American Legacy Foundation occurred on August 14, 2002. The idea is to target those who report the highest use of tobacco products in the military. If funded, this American Legacy grant will serve to enhance the larger proposal, targeting 18-24 year olds in the military. Specifically, a triad of components will be evaluated, including (1) creating and distributing messages specifically for 18-24 year olds that tobacco use and military service are incompatible; (2) training 18-24 year old military personnel to conduct brief interventions (the basic curriculum will be provided through the larger grant but will be modified for 18-24 year old interventionist via this project); and (3) tailoring smoking cessation services to appeal to young military personnel. The brief intervention utilizes a validated training of trainers approach to build community capacity, developed by the University of Arizona.

Social Marketing

Design of a social marketing plan included consultation with a marketing consulting firm, and is built upon information garnered from a focus group. A focus group will give us necessary qualitative information regarding appropriate theme lines and message concepts for anti-tobacco messaging, particularly necessary since there is no research attesting to appropriate anti-tobacco messaging in the military. Eight to ten similar individuals will be led by a trained moderator to learn why smokers smoke, what would truly motivate them to stop, who needs to deliver the message, and what the message needs to say. The focus group recruitment process will entail that nurses or other intake staff hand a flyer to prospective participants giving them the opportunity to sign up for the focus group. This recruitment process clarifies that snowball or nomination techniques will not be used. A copy of the handout is included. Informed consent will be provided. A script for the focus group will be crafted by Shelton Communications, a professional communications firm (see appendix 5). We will not keep any identifying information regarding focus group participants and will only use the information to create appropriate anti-tobacco messages for military personnel. The information from the focus groups will be used to create posters, PowerPoint presentations, and educational materials. Final materials will be distributed across all experimental sites. We are still awaiting IRB approval to move forward with this component.

Pharmacotherapy

The pharmacotherapy has been expanded by securing a donation from GlaxoSmithKline for the nicotine patch and nicotine gum, a \$50,000 value. This process included the sourcing and interviewing of Fisher Clinical Services, Inc. as a facility to store and distribute the product. We are now working closely with our intervention sites to determine exactly how the product will be distributed.

Monitoring Newspapers

As a process measure, we have also secured up to one year's worth of back issues of base newspapers as well as being placed on the mailing list for future issues of the newspapers. Additionally, we have developed a detailed coding system that operationally defines articles or advertisements that pertain to health related issues (see appendix 6). In addition to collecting and monitoring these data for all bases, specific anti-tobacco articles have been created and run in newspapers associated with the intervention sites. These articles have also been posted to our password protected website, where intervention sites can easily download the articles.

Conferences

Several conferences were hosted throughout the year to bring together key researchers and to discuss critical components of the project. These conferences included:

<u>Date</u>	<u>Location</u>	<u>Topic</u>
February 2002	Savannah, GA	General intervention planning
March 2002	Washington DC	Sourcing and selecting Navy and Marine bases
May 2002	Phoenix, Arizona	Intervention - Training
May 2002	Oklahoma City, OK	Monitoring progress at intervention sites
August 2002	Kansas City, MO	Redefining components of community plan

Identifying Navy and Marine Participants

Identifying Navy and Marine sites included a number of important steps. First, a request for participants was sent to 22 stateside Navy and Marine bases. Thirteen bases subsequently volunteered for the study. Telephone appointments were scheduled with key points of contact at each base to determine base size, mission, structure, and estimated smoking prevalence. Eventually four Navy bases and four Marine bases were selected, matched, and randomly assigned to either an "intervention" or "delayed intervention" condition, in accordance with the nested cohort design of this study. Bases assigned to the intervention are Corpus Christ Naval Base, LeMoore Naval Base, Miramar Marine base, and Twentynine Palms Marine base. Bases assigned to the delayed intervention are Jacksonville Naval base, Groton/Newport Naval bases, Beaufort Marine base, and Cherry Point Marine base. Points of contact are identified in the chart below and letters of agreement from commanders at each location are enclosed (see appendix 7).

<u>First</u>	<u>Last</u>	<u>Rank</u>	<u>Address</u>	<u>Phone</u>	<u>E-mail</u>	<u>Base</u>
Carolyn S.	Bennett	Lieutenant Colonial	75 AMDS/SGPZ; 6036 Cedar Lane; Hill AFB, UT 84056	(801) 777-1215	carolyn.bennett@hill.af.mil	Hill AFB
Brenda	Irwin	Major	5822 34th Street; Bldg 5922; Tinker AFB, OK 73145	(405) 734-5505	Brenda.irwin@tinker.af.mil	Tinker AFB
Glenda	Mitchell	Major	509 MDOS/SGOAZ; 331 Sijan Avenue, Whiteman, AFB, MO 65305-5001	(660) 687-1199	glenda.mitchell@whiteman.af.mil	Whiteman AFB
Dianna	Skidmore	Lieutenant	201 Missile Avenue, Minot AFB, ND 58705	(701) 723-2990	dianna.skidmore@minot.af.mil	Minot AFB

<u>First</u>	<u>Last</u>	<u>Rank</u>	<u>Address</u>	<u>Phone</u>	<u>E-mail</u>	<u>Base</u>
Catherine	Duggan	Commander, Naval Hospital	Naval Hospital, 10651 E Street, Corpus Christi, TX 78419	(361) 961-3238	cch1chd@cch10.med.navy.mil	Corpus Christi Naval Base
Commander	Natoli	Naval Hospital	2080 Child Street, Jacksonville, FL 32140	(904) 542-5292	K_M_Natoli@sar.med.navy.mil	Jacksonville Naval Base
Todd	Hoover	Naval Hospital	930 Franklin Avenue, LeMoore, CA 93246	(559) 998-4549	thoover@nhlem.med.navy.mil	LeMoore Naval Base
Kathi	Burkhard	Captain	P.O. Box 600, Code 24, Groton, CT 06349	(860) 694-1119/ (401) 841-6771	KSBurkhart@US.MED.NAVY.MIL	Groton Naval Base
Mark	Picard	Naval Hospital	1 Riggs Road, Newport, RI 02841	(401) 841-6771	MkPicard@US.MED.NAVY.MIL	Newport Naval Base
Ivette	Dixon	Naval Hospital	1 Pinckey Blvd., Beaufort, SC D22	(843) 228-5344	IDixon@beaufort.med.navy.mil	Beaufort Marine Base
Joanne	Hill	Commander, Naval Hospital	3600 Rivers Avenue, Cherry Point, NC 28533	(252) 466-0495	JW.Hill@nhcp.med.navy.mil	Cherry Point Marine Base
Rhett	Beattie	Lieutenant	P.O. Box 452002, San Diego, CA 92145	(858) 577-9950	rabeattie@nmc sd.med.navy.mil	Miramar, CA
Martha	Hunt	Civilian	MAGTFTC MCAGCC Box 788250, Twentynine Palms, CA 92278	(760) 830-2814	m.hunt@nhtp.med.navy.mil	Twentynine Palms Marine Base

'Reconnaissance' trips were conducted with the experimental Navy and Marine sites in order to expedite the implementation of the intervention in January of 2003. These trips included presenting the community plan, motivating bases about the project, identifying the main point of contact, briefing the command, and touring the base. The presentation of the community plan was tailored to be service-specific. No intervention components or assessment instruments were implemented during these initial visits.

Institutional review board (IRB) approval was initiated with the military for the eight participating Navy and Marine sites, but was fraught with numerous delays. A further complication to the IRB process involves the fact that not all participating bases can receive approval to participate from the same IRB. The location of the participating bases determines which of the three Navy IRBs can approve the research. Our eight participating sites (Groton and Newport are being treated as one site for study assignment purposes) require approval from all the IRBs, Bethesda, San Diego, and Portsmouth. Military representatives had counseled us to seek approval from the Bethesda IRB first, as then a letter stating their approval included in the packages to the other IRBs would be likely to assist in the approval process. The initial meeting with the IRB in Bethesda was scheduled for July 11, 2002, but was cancelled in order for the Bethesda IRB group to ask additional questions about the study. A second IRB meeting was scheduled for September 12, 2001 and preliminary approval was then given. We are currently responding to stipulations. After obtaining preliminary IRB approval from the Bethesda Navy IRB, we plan to approach the San Diego and Portsmouth IRBs. Our goal is to complete this process by January 2003, so that we can begin the survey and intervention at our new sites.

An unforeseen by product of the numerous IRB delays, however, has been the added value to the project deliverables. Researchers have been given the time to create all of the necessary components of the community campaign. As mentioned earlier, details regarding the leadership and policy plan, community action team plan, primary care plan, training plan, junior enlisted plan, and social marketing plan have been created in the community plan outline. The training program has been revised to be modular and to be broken down from

one four session into two, two hour sessions in order to better meet the needs of a military community. A detailed plan to create and evaluate the effects of a comprehensive community plan on young adult smokers has been created and submitted to the American Legacy Foundation for funding. Additionally, funding has been sourced and secured to enhance the pharmacotherapy that is offered. Each of these components have been developed thoroughly and adds greatly to the project deliverables.

We have also already begun consulting with Army personnel in order to identify volunteer Army bases for the study. In part, this early approach to the Army is hastened by our hope to avoid having the IRB process further delay the progression of the study. We have held several telephone conferences with key Army contacts and they are currently composing a letter to send out to stateside bases requesting volunteers for the study. Our hope is to be able to select Army bases by December 31, 2002.

An updated outline of the timeline we hope to follow until the end of this study follows (note that this includes a one year no cost extension):¹

UPDATED TIMELINE	11-12 /02	1-2 /03	3-4 /03	5-6 /03	7-8 /03	9-10 /03	11-12 /03	1-2 /04	3-4 /04	5-6 /04	7-8 /04	9-10 /04
Identify and telephone interview Army sites that volunteer to participate in the study	X											
Complete the IRB process for the Navy and Marine sites	X											
Survey participating Navy and Marine sites	X											
Complete the IRB process for the Navy and Marine sites	X											
Survey participating Army sites		X										
Train the Navy and Marine sites that are randomly assigned to the experimental condition	X	X										
Train the Army sites that are randomly assigned to the experimental condition		X	X									
Send the 18 month follow-up survey to participating Air Force sites					X							
Send the 18 month follow-up survey to participating Navy and Marine sites									X			
Send the 18 month follow-up survey to participating Army sites										X		
Continue to collect process measures regarding the implementation of the community campaign	X	X	X	X	X	X	X	X	X	X	X	X
Conduct focus groups with one Air Force site that will assist in creating acceptable anti-tobacco messages for military personnel	X											
Offer community campaign materials to all Air Force, Navy, Marine, and Army sites that had been randomly assigned to the delayed intervention condition												X

¹While we plan to make every effort to achieve these goals, we recognize the possibility that continued delays with the IRB process may require additional time, beyond the automatic one year no cost extension, to complete the project.

In the ongoing effort to monitor the progress of the grant, military and research representatives participate in a weekly teleconference.

KEY RESEARCH ACCOMPLISHMENTS:

- Implemented, monitored and modified the intervention at Air Force sites
- Refined the survey instrument
- Created all the necessary components of the community campaign. This included detailing the leadership and policy plan, community action team plan, primary care plan, training plan, junior enlisted plan, and social marketing plan.
- Revised training program to be modular and to be broken down from one four-hour session into two, two hour sessions
- Developed an 18-24 year old focus and submitted subsequent grant to the American Legacy Foundation
- Sourced and secured funding for enhanced pharmacotherapy
- Sourced, identified and randomly assigned the Navy and Marine sites to experimental conditions
- Obtained preliminary IRB approval from the Bethesda Navy IRB.
- Consulted with Army personnel on identifying Army bases that will volunteer to participate in the study
- Scheduled and hosted several national conferences to monitor the progress of the study

REPORTABLE OUTCOMES:

Xaverius, P., Taylor, J., Haddock, K., Talcott, W., Schmidt, L., & Lando, H. Reducing Smoking in the military: Methodological and Pragmatic issues. Poster session presented at the 8th Annual Meeting of the Society for Research on Nicotine and Tobacco, Savannah, GA, February 2002.

Funding applied for expanding the focus on 18 to 24 year old smokers in the military, grant entitled Evaluating the Impact of a Community Campaign Targeting 18 to 24 Year Olds in the Military submitted to the American Legacy Foundation in August 2002.

CONCLUSIONS:

Since the project is still ongoing, we do not have any definitive conclusions to report at this time. We note the delays and difficulties encountered in undertaking this project and raise the question of whether the IRB process could somehow be streamlined without sacrificing effective oversight for projects that cover multiple branches of the military. We are pleased, however, in spite of the numerous delays, with the progress in creating state-of-the-art materials that are tightly targeted to the military. We hope to actively work toward disseminating these products not only to the delayed intervention sites but subsequently to the entire military following the conclusion of this project. We believe that lessons learned from the project will be extremely valuable in informing effective implementation of empirically validated tobacco reduction interventions and that these interventions will have the potential to substantially reduce the burden imposed on the military by tobacco.

REFERENCES:

Helyer, A., Brehm, W., & Perino, L. (1995). Economic consequences of tobacco use for the Department of Defense. Military Medicine, 163, 217-22.

Bray RM, Sanchez RP, Ornstein ML, Lentine, D., Vincus, A., Baird, T., Walker, J., Wheeless, S., Guess, L., Kroutil, L, & Iannacchione, V. (1999). Highlights: 1999 Department of Defense Survey of Health Related Behaviors Among Military Personnel [On-line]. Available: <http://www.tricare.osd.mil/analysis/surveys/98survey/survey.html>

APPENDICES:

See seven attached appendices.

APPENDIX 1

STAR Project Comprehensive Community Tobacco Addiction Reduction Plan

*Readiness and Tobacco
Don't Mix*

Guidebook



Services Tobacco Addiction Reduction

A cooperative project of the U.S. Military Services, University of Minnesota, University of Missouri – Kansas City, University of Memphis, and University of Arizona

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Introduction

This guide provides an overview of the Services Tobacco Addiction Reduction (STAR) installation intervention program. STAR is designed to assist military installations in reducing tobacco consumption by active duty personnel, family members, and retirees. Topics are sorted by: leadership and policy plan, community board plan, primary care plan, training plan, junior enlisted plan, social marketing plan, websites, and contact information. STAR draws on proven methods for reducing tobacco use that were developed both within the military and in civilian settings. The STAR plan will likely be most beneficial if tailored to the culture of each military installation.

- The *leadership and policy* plan suggests specific tactics for leaders and supervisors to take in order to support tobacco use reduction efforts on an installation.
- The *community board* plan offers guidance to helping units (e.g., family support, equal opportunity, child and youth services, etc.) in addressing tobacco and making the problem of tobacco more visible on the installation.
- The *primary care* plan offers guidance to primary care units (e.g., family medicine, internal medicine, pediatrics, dentistry) to address tobacco use and cessation in their clinics and to implement the DoD/VA Tobacco Intervention guidelines.
- The *training* plan provides details on implementing three versions of the basic skills training to installation personnel.
- The *junior enlisted* plan specifically targets the 18 to 24 year old population, the group that reports the highest percentage of tobacco use.
- The *social marketing* plan offers concrete advice on effectively disseminating the message that tobacco use is incompatible with military life.

Each of these plans includes the identification of a team leader, an assistant team leader, goals, activities, and metrics/outcomes. Additional information is provided regarding the website and contact information for key installation personnel that will be useful to tobacco control efforts the on installation. We hope you find this resource helpful for you health promotion efforts!

Project Web Site: www.umkc.edu/dodstar

STAR Project Intervention Plan Graphic



This graphic suggests that a changed community norm for being tobacco free will be developed when tobacco becomes an important issue for multiple components of a military installation. It is consistent with the STAR vision and mission:

Vision: The STAR project uses a community-installation approach aimed at reducing the prevalence of tobacco use among active duty, family members and military retirees who receive healthcare from the installation military treatment facility.

Mission: Create an installation culture that is aware of the health consequences of tobacco use and has the necessary resources to promote a tobacco free installation.

Leadership and Policy Plan

Overall Goal: To provide resources that clearly shows leadership support for the reduction of tobacco use on installation.

Installation Commander: _____

Leadership and Policy Team Leader: _____

STAR Points of Contact: Col. Gerald W. Talcott, Ph.D. and Dr. Harry Lando

Policy Working Group:

Strategies for Leadership and Policy:

1. Visible Commander Support

- a. "Kick off" article in installation paper expressing support. Sample article found at www.umkc.edu/dodstar
- b. Letter on tobacco use and military service six months after project start. Sample article found at www.umkc.edu/dodstar. STAR personnel will notify installation project POC 6 week prior to publication target.
- c. Brief statements at commander's calls. Suggested statements are:

"Our installation is participating in a project aimed at creating a supportive environment for those who want to quit using tobacco. The information we have clearly demonstrates that tobacco use by military members reduces readiness capability and sends the wrong message to our children and the nation. Our surveys also tell us that most of you who use tobacco want to quit. I would encourage you to take advantage of the services we provide on this installation to help you quit using tobacco. *Our aim is to facilitate access to services for those who want to quit and to foster a tobacco-free norm for our installation.* Please contact NAME OF POC at the LOCATION OF POC when you want to know how we can help."

"I would like to encourage supervisors to talk to your personnel about tobacco use and be a role model for not using tobacco. Most of your personnel want to quit and you may provide the encouragement they need to seek help. We want to provide an environment that makes it easy to be tobacco free. If you are uncomfortable talking with your people about tobacco use, POC at LOCATION OF POC has a great training program to teach you what to say. Please take the time to attend his/her program."

"If you use tobacco, I would like to strongly encourage you to quit. We will provide you with support and medications that will make quitting easier. If you would like to quit but there is something standing in your way, please contact POC at LOCATION OF POC and she/he will try to help you. If there is something I can do, POC will request my help. If you don't use tobacco, realize that most of your friends who do smoke wish they didn't. Most of our troops don't use tobacco and I encourage you to not begin an addiction you will regret."

2. Send a version of the following Commander letter to supervisors near project start and then 12-months later.

MEMORANDUM FOR _____

FROM: _____

SUBJECT: Support for the DoD Star Tobacco Cessation Project

1. Researchers from the University of Minnesota, the University Missouri, and the Air Force Medical Operations Agency (AFMOA) currently are conducting a study to assess the effectiveness of community-installation tobacco control project on _____ AFB. This study is funded by the Congressionally Directed Medical Research Program (CDMRP).
2. Tobacco use costs the DoD over \$930 million dollars in medical and personnel costs each year. The costs to the AF also are substantial and are equivalent to the loss of 3,573 lost FTEs (or one AF installation).
3. A primary goal of this project is to expand tobacco cessation services to any tobacco user interested in becoming tobacco free. This will include more access to pharmacotherapy through the MTFs. I fully support this goal and strongly encourage all supervisors and squadron commanders to allow interested personnel to utilize these expanded cessation services that can be accessed through the Health and Wellness Center or primary care clinics at the MTF.
4. Another goal of this project is to train interested AF personnel in basic tobacco cessation counseling skills so that supervisors, 1st Sergeants, and others are able to competently address tobacco use with personnel desiring to become tobacco free. The research staff has trained a number of local personnel at the HAWC and other service agencies and training classes will be ongoing. The training consists of a one-hour briefing and I strongly encourage all interested supervisors to take advantage of this course and to allow all interested personnel to attend.
5. A final goal of this project is for all installation organizations to examine how their current policies support being tobacco-free. It is not simply providing more smoking cessation interventions. A supportive environment for being tobacco-free is necessary and encourages tobacco users to quit. For example, many supervisors allow smokers to take regular breaks, but not non-smokers. I encourage all supervisors and squadron commanders to examine their policies and initiate appropriate restrictions related to tobacco use and ensure they promote being tobacco-free.

Please send copies/information of the following:

1. Provide copies of commander articles published in installation paper.
2. Dates/setting when commander delivered tobacco messages.
3. Copy of final letter sent to supervisors.

Community Action Team

Overall Goal: To encourage collaboration among helping agencies (e.g., family support, equal opportunity, child and youth services, etc) to address the tobacco problem and to develop a plan to promote a tobacco-free environment.

Community Team Leader: _____

Community Assistant Team Leader: _____

STAR Points of Contact: Dr. C. Keith Haddock and Maj. Lisa Schmidt

Community Helping Organizations on Your Installation:

Strategies for Community Action Team (CAT):

1. Address tobacco issues on the installation.

- a. Commission a tobacco policy-working group. This group will examine the culture of the installation and suggest policies that address potentially powerful influences (pro or con) on tobacco.
- b. Report policy recommendations for action to installation commander and provide feedback to STAR research team.
- c. Disseminate tobacco related materials (posters, videos, pamphlets) throughout the installation.
- d. Write at least 2 articles for the installation paper addressing tobacco. Sample articles can be found on the STAR website at <http://www.umkc.edu/dodstar>.
- e. Include a junior enlisted member on the team (see Junior Enlisted Plan below). Plan efforts to reduce tobacco use among junior enlisted.

2. Deliver brief tobacco interventions.

- a. Present 10-30 minute tobacco briefing to all units on base.
- b. Provide Brief Tobacco Intervention Training (two, 2-Hour Sessions) to the helping agencies.
- c. Promote and deliver 10 to 30-minute Tobacco Briefing to other helping agency personnel. Appoint agency project managers to track training progress.
- d. Add "tobacco use status" to helping agency in-processing paperwork.
- e. Conduct brief tobacco interventions with all tobacco users.
- f. Develop a method to have pharmacotherapy available to interested tobacco users (in coordination with Primary Care).

- g. Ensure your helping agencies have adequate material related to brief tobacco interventions (e.g., handouts, cessation plans, etc).
- h. Establish a "seamless" referral process for intensive services.
- i. Play anti-tobacco video message at least once per day (if equipment is available).

Metrics/Outcomes:

1. Tobacco policy recommendations to STAR team leader in monthly phone conference.
2. Quarterly the number of individuals briefed (10-30 minute briefing) and trained in Brief Tobacco Intervention (two, 2-hour sessions).
3. Quarterly the number of tobacco users who accessed the service and the number of brief interventions conducted. Brief interventions include motivational interventions for those not interested in quitting and completing quit plans for those wanting to quit.
4. Number of tobacco users referred to intensive tobacco services quarterly.

Primary Care/Dentistry STAR Tobacco Plan

Overall Goal: To organize primary care units (e.g., family medicine, internal medicine, pediatrics, dentistry) to address tobacco use and cessation in their clinics and to implement the DoD/VA Tobacco Intervention guidelines.

Primary Care Tobacco Intervention Team Leader: _____

Primary Care Tobacco Intervention Assistant Team Leader: _____

STAR Points of Contact: Dr. Walker S.C. Poston and Maj. Lisa Schmidt

Primary Care Team Contacts:

Name	Phone

Strategies for Primary Care Clinics:

1. Participate in DoD STAR Tobacco Cessation Intervention Training Program.

- a. Primary Care Managers (e.g., physicians, nurse practitioners, physician assistants, nurses) and staff (med techs, civilian staff) participate DoD STAR training programs.
 - i. Intervention and Referral Training (2 hours) provides basic overview of tobacco use and health, nicotine addiction, and focuses on brief models for enhancing tobacco users motivation to quit. This training is designed for physicians, nurse practitioners, and physician assistants. All first line providers complete this training, typically during a lunch.
 - ii. Motivate and Assist Training (2 hours) provides concrete skills training in helping tobacco users make a quit attempt, develop quit plans, and utilize the full arsenal of tobacco cessation tools including pharmacotherapy (e.g., nicotine patches, Zyban, etc.). This training is designed for med techs, other Nurses, and support staff who would be able to spend up to 10 minutes helping interested patients develop a quit plan and follow-up telephone appointment.
 - iii. Non-clinical personnel will receive 10-30 minute tobacco briefing.
- b. STAR staff will work with the appropriate MTF office to ensure that training programs are CME eligible.

2. Integrate Tobacco Cessation Services into Primary Care Clinics.

- a. Ensure "tobacco use status" is used as a vital sign in all primary care medical notes.
- b. Include use of "tobacco use status" as a QA item for medical records peer-review.
- c. Develop follow-up protocol for contacting all tobacco users who make quit attempts.
- d. Primary care providers conduct brief 1- to 3-minute motivation-enhancing tobacco interventions with all tobacco users.
- e. Med techs and support staff (or primary care provider, if desired) develop quit plans and follow-up appointments for all tobacco users interested in quitting (10 minutes).

- f. Develop enhanced pharmacotherapy (e.g., nicotine patch, Zyban) clinic guidelines for primary care patients desiring to make quit attempt and who desire it. This can include developing prescription refills schedules, protocols for pharmacotherapy termination for patients who relapse, etc.
- g. Provide pharmacotherapy to interested tobacco users. The STAR project supplements the installation pharmacy budget so that tobacco users can be provided medication support.
- h. Complete telephone or in-person follow-up at least once with all tobacco users who initiated a quit attempt. Develop system to ensure follow-up.
- i. Develop program evaluation system in conjunction with STAR investigators. This will be the method that primary care clinics use to evaluate number of patients served, number of patients desiring cessation services (and number declining), and the ultimate disposition of those making quit attempts (e.g., success quit, relapse).
- j. Refer all interested tobacco users to installation intensive cessation services. Referral plan should address potential barriers to actual attendance in group.
- k. Offer tobacco-related CME activities each quarter.

3. Involve Primary Care in making tobacco cessation a installation health priority.

- a. Provide material related to brief tobacco interventions (e.g., handouts, cessation plans, etc).
- b. Play tobacco education videos in waiting areas at least 2 times per day (if equipment is available).
- c. Select a liaison to the ***Community Action Team***, which will develop a project(s) to address tobacco on installation at a policy level and report to installation command and to the STAR research team.
- d. Write at least four articles per year for the installation paper addressing tobacco on health-related topics with the help of STAR investigator staff. Topics might include environmental tobacco smoke and children's health, the impact of smoking on pregnancy, tobacco use and readiness, etc. Sample articles can be found on the STAR website at <http://www.umkc.edu/dodstar>.

Metrics/Outcomes

1. Number/Percentage of Physicians, Nurse Practitioners, and Physician Assistants trained in Intervention and Referral training program (2-hour).
2. Number/Percentage of Physicians, Nurse Practitioners, and Physician Assistants trained in Motivating and Assisting tobacco training program (2-hour).
3. Number/Percentage of Medical Technicians, other Nurses, Support Staff trained in Intervention and Referral training program (2-hour).
4. Number of completed brief interventions/month.
5. Number of prescriptions/month.
6. Verbal Report by POC that videos ran twice per day minimum.
7. Verbal Report by POC of primary care involvement in Community Action Team.
8. Article from primary care occurs in installation paper each quarter.

Training STAR Tobacco Plan

Overall Goal: To increase the number of individuals that are aware of the benefits of a tobacco free military and are trained in tobacco intervention skills.

Training Team Leader: _____

Training Assistant Team Leader: _____

STAR Point of Contact: Jennifer E. Taylor, M.A.

Certified Trainers:

Strategies for Training:

- 1. Coordinate DoD STAR Brief Tobacco Intervention Training Program to meet various levels of tobacco training needs.**
 - a. Primary Care providers (e.g., physicians, nurse practitioners, physician assistants, nurses) and staff (med techs, civilian staff) participate DoD STAR training programs.
 - i. **Intervention and Referral Training** (two hours) provides basic overview of tobacco use and health, nicotine addiction, and focuses on brief models for enhancing tobacco users motivation to quit. This training is designed for physicians, nurse practitioners, and physician assistants. All first line providers complete this training, if possible as part of a lunch.
 - ii. **Motivating and Assisting Training** (two hours) provides concrete skills training in helping tobacco users make a quit attempt, develop quit plans, and utilize the full arsenal of tobacco cessation tools including pharmacotherapy (e.g., nicotine patches, Zyban, etc.). This training will be completed by all med techs, other Nurses, and medical support staff. It should also be completed by a representative portion of physicians, nurse practitioners, and physician assistants.
 - iii. **Tobacco Briefing** (10-30 minutes) provides a quick overview of a tobacco control efforts on installation and the importance of those efforts. Conducted at least twice per quarter to all MTF personnel.
 - b. STAR staff will work with the appropriate MTF office to ensure that training programs are CME eligible.

Metrics/Outcomes

1. Collect data regarding the two-hour intervention and referral training for Primary Care. This tracking will include the number of trainings and the number of participants.
2. Collect data regarding the two-hour motivating and assisting training. This tracking will include the date of each training, number of participants, and pretest-posttest knowledge.
3. Collect data regarding the briefings (10 to 30 minutes). This tracking will include number of briefings, number of participants, topic, and audience.

Junior Enlisted (E1-E4) STAR Tobacco Plan

Overall Goal: To implement a unique tobacco control program for young military members.

Junior Enlisted Team Leader: _____ (> E4)

Junior Enlisted Assistant Team Leader: _____ (E1 – E4)

STAR Point of Contact: Jennifer E. Taylor, M.A. and Col Gerald W. Talcott, Ph.D.

Junior Enlisted Organizations on Your Installation:

Strategies for Junior Enlisted:

- 1. Represents Junior Enlisted Ranks on the CAT.**
 - a. CAT identifies 18 to 24 year old potential tobacco ambassadors for the STAR Community Action Team
 - b. Junior Enlisted member will identify a group of peers to form a Junior Enlisted Tobacco Ambassador (JETA) team.
 - c. Junior Enlisted Team will report their progress quarterly to the Community Action Team and Jennifer Taylor.
- 2. Arrange focus groups for STAR team. Focus groups will help STAR team develop materials. Subsections 'a' and 'b' will only be completed at one installation per military service.**
 - a. Work with STAR team to conduct focus groups at Air Force, Navy, Marine, and Army sites to learn more about why junior enlisted smoke and what approaches might encourage being tobacco-free.
 - b. STAR team will develop educational materials, power point materials, and posters for the installation based upon information from the focus groups.
 - c. Identify appropriate channels of distribution for newly created educational materials.
- 3. JETA Team Members Receive Brief Tobacco Intervention Training**
 - a. Intervention and Referral Training (two-hour training) provides concrete skills training in initiating intervention with tobacco users, increasing motivation, and referral to base services. JETA members will use their new skills in counseling their smoking peers on cessation.
- 4. Deliver intensive tobacco treatment to 18 to 24 year old smokers.**
 - a. Create a system to track the number of Junior Enlisted personnel that enter and complete intensive tobacco treatment programs.

- b. Advertise intensive treatment programs in popular hangouts for junior enlisted personnel.
- c. JETA members will work with cessation experts on installation to enhance the usability of intensive services to young smokers in the military.

Metrics/Outcomes

1. JETA Team Leader and Assistant Team Leader will have a monthly phone call with Jennifer Taylor to review progress on the project.
2. JETA will report the number and location of tobacco related materials disseminated throughout the installation.
3. JETA will report quarterly on the number of junior enlisted individuals trained in Intervention and Referral training and the Motivation and Assisting training (two, 2-hour workshops). A POC will be established at each organization to report these metrics.
4. Each month, the JETA will report the number of junior enlisted tobacco users who accessed intensive tobacco services and the number of brief interventions conducted. Brief interventions include motivational interventions for those not interested in quitting and completing quit plans for those wanting to quit.

Social Marketing STAR Tobacco Plan

Overall Goal: Provides suggestions for permeating the message that tobacco use is incompatible with military life.

Social Marketing Team Leader: _____

Social Marketing Assistant Team Leader: _____

STAR Point of Contact: Jennifer E. Taylor, M.A.

Potential Social Marketing Organizations on Your Installation:

Strategies for Social Marketing

- 1. Conduct focus groups and create materials that proliferate the message that tobacco use is incompatible with military service.**
 - a. Identify focus group participants for the STAR project. These focus groups will be separate from the ones that are conducted in the previous JETA section, in that the focus will not be age-specific.
 - b. Invite medical and health personnel as well as tobacco users to participate in focus groups at Air Force/Navy, Marine, and Army installations. The goal of these focus groups will be to learn more about why smoking is so prevalent on installation and what approaches might inhibit that behavior. The STAR research team will facilitate these sessions with the installation personnel organizing the attendees for the event.
 - c. Assist in the evaluation of educational materials, power point materials, and posters installation upon information gleaned from the focus groups. These materials should create a buzz on installation that smoking is incompatible with military service. Identify appropriate channels of distribution for newly created educational materials.
- 2. Work closely with Public Affairs to maintain the continuous distribution of smoking cessation messages.**
 - a. Identify a person to store social marketing materials. As requests for materials are identified, materials will then be readily distributed.
 - b. Support regular articles addressing tobacco in installation paper.
- 3. Identify regular briefing to include 1-3 slides on tobacco topics. These slide sets can be found on the project web site (www.umkc.edu/dodstar). Examples of opportunities include:**
 - a. Financial costs of tobacco use in family support or junior enlisted briefings.
 - b. Health consequences of smoking in medical/dental briefings.
 - c. Smoking and pregnancy in OB/GYN briefing.

- d. Child and Youth Services briefings in daycare with emphasis on role modeling and environmental tobacco smoke exposure.
- e. Targeting tobacco at minority groups and women in EEO briefings.

4. Marketing tobacco training.

- a. "The tobacco industry has spent \$600 million this year to convince the military that tobacco use is simply one other choice. We want 2 hours to tell you the other side of the story."
- b. Advertise training as providing skills to motivate personnel to make healthy changes, with an emphasis on tobacco ("What do those super doctors/supervisors say to get their patients to change?").
- c. Promote the fact that graduates may prevent illness or death of family members, friends, and co-workers ("You can make a difference").
- d. Graduates receive certification in motivational counseling and tobacco skills.
- e. Use graduates of tobacco training to advertise training in their units.
- f. Identify high profile champions for training. Have champions identify opportunities to promote training.
- g. Recognize organizations that have a large proportion of personnel trained in one or more modules.
- h. Publish testimonials in base newspaper and in flyers promoting training (paid advertisement or regular article).

Metrics/Outcomes

1. The STAR research team will work with the Public Affairs to develop a protocol for the installation-level project. The Team Leader and Assistant Team Leader will have a monthly phone call with Jennifer Taylor to review progress on the project. Progress will be judged by mutual evaluation of the STAR research team and Public Affairs personnel.
2. Public Affairs will report the number and location of tobacco related materials disseminated throughout the installation.
3. Number of tobacco articles in 18 months in installation paper.
4. Number of regular briefings including at least 1 tobacco slide.

Web Site STAR Tobacco Plan

Overall Goal: Provides an online resource for the STAR Tobacco Plan.

Website Team Leader: _____

Website Assistant Team Leader: _____

STAR Point of Contact: Dr. Risa Stein, Ph.D.

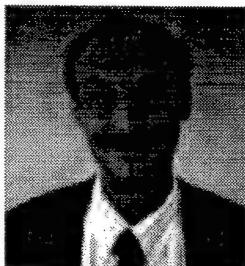
Strategies for Website:

1. The website is a vehicle for sharing of information on successful tobacco reduction approaches. In particular, this website provides "resources" for tobacco prevention and reduction efforts, "news" and current event information on tobacco and related issues, "links" to other tobacco related sites, "contacts" with military and university experts on tobacco cessation efforts, and a "listserv" for website guests to share information with peers and nationally recognized tobacco experts. The "resources," "news," "links," "contacts," and "listserv" sections are created to mediate a culture that is aware of the health consequences of tobacco use and has the necessary resources to promote a tobacco free installation.
2. The goal of the installation website team leaders is to disseminate information about STAR project website resources.

Metrics/Outcomes

1. Number of members accessing the website.
2. Number of members posting on the listserv.

Contacts: STAR Tobacco Plan



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Harry Lando, Ph.D. has been active in the field of smoking cessation since 1969. He has published extensively in this area and was a scientific editor of the 1988 Report of the Surgeon General, The Health Consequences of Smoking: Nicotine Addiction. Dr. Lando was a member of the tobacco cessation guidelines panel for the Department of Health and Human Services. He is a member of the Center for Child Health Research Tobacco Consortium of the American Academy of Pediatrics and a member of the Research Advisory Group for the Youth Tobacco Cessation Collaborative. He is an Assistant Editor for Addiction. He has received numerous awards for his work and has consulted actively with government and voluntary agencies. Dr. Lando is currently president-elect of the Society for Research on nicotine and Tobacco.



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Dr. Haddock received his Doctorate in Clinical Psychology from the University of Memphis and completed a residency in Clinical Psychology at Wilford Hall Medical Center. He also completed the clinical fellowship in Health Psychology at Wilford Hall Medical Center and recently completed the Cardiovascular Health Fellowship sponsored by the American Hospital Association's Health Forum. He served on active duty in the USAF for 5 years and was awarded the Air Force Commendation Medal. He also served 3 years on active reserve duty with the 442 Fighter Wing at Whiteman AFB. Currently, Dr. Haddock is an Associate Professor of Psychology and Medicine at the University of Missouri – Kansas City (UMKC) and Co-Director of Behavioral Cardiology at the Mid America Heart Institute. In addition, he is chair of the Department of Psychology. He has published extensively in the areas of tobacco control, cardiovascular disease, obesity and eating disorders, health outcomes research, statistics and research methodology, and the philosophy of science. His research has been funded by national and private granting agencies and he has received numerous awards, including a research award and a faculty shares performance award from UMKC, a president's citation from the Society of Behavioral Medicine and selection in Who's Who in Medicine and Healthcare. He currently has funded research grants in the areas of tobacco control, treatments

for obesity, and the outcome of cardiovascular disease interventions. Dr. Haddock has presented his research at numerous national and international scientific conferences and is a scientific consultant to several health research organizations, including the National Cancer Institute. He is a reviewer for or on the editorial board of several leading scientific journals.



Colonel Wayne Talcott, Chief, Community Prevention Division
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Col. Talcott is the Chief of the Community Prevention Division of the Air Force Medical Operations Agency for the Office of the Surgeon General. After completing his Bachelor of Arts and Master of Science degree at Central Missouri State University, Col. Talcott earned a Doctorate of Philosophy at the University of Missouri – Columbia. He was a Clinical Health Psychology fellow at Wilford Hall Medical Center where he was appointed the assistant training director and then the Chief of Behavioral Health Psychology Services and Director of Postdoctoral Training. Col. Talcott has published over 30 health-related scientific papers including articles on tobacco dependence, use and cessation. Col. Talcott was the Psychologist of the Year for the Air Education and Training Command and the Psychologist of the Year for the United States Air Force in 1993. Among his military honors are two United States Air Force Meritorious Service Medals. Col. Talcott is a member of several professional organizations including the American Psychological Association, the Association for the Advancement of Behavior Therapy, the Society of Air Force Clinical Psychologists, and the Society of Behavioral Medicine.



Jennifer E. Taylor, M.A.
STAR Intervention Director
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Jennifer Taylor is currently the assistant project coordinator for this study and is completing her Doctorate in Clinical Health Psychology at the University of Missouri – Kansas City (UMKC). She received her Master's Degree at the University of Northern Iowa and has completed certification training in motivational interviewing at the University of Kansas Medical Center and tobacco cessation basic skills and instructor training at the Arizona Prevention Center, University of Arizona. Ms. Taylor will serve as one of the Basic Tobacco Skills trainers for this project and as a point of contact for military personnel throughout the length of the study. Prior to beginning this project, Jennifer was involved in health-related research on topics such as binge drinking and eating, cardiac rehabilitation for smokers, an environmental study on obesity and smoking, and a longitudinal study concerning attitudes about smoking. Ms. Taylor has presented tobacco treatment research at several national and international conventions and authored/co-authored 14 research articles, abstracts, and book

chapters in several health-related areas. She has received several awards including the UMKC Chancellor's Interdisciplinary Fellowship (2000-2002) and the Pauline Jones Drew Memorial Fellowship.



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Dr. Poston received his Ph.D. from the University of California-Santa Barbara. He completed his residency in Clinical Psychology at Wright-Patterson USAF Medical Center and a clinical fellowship in Health Psychology at Wilford Hall Medical Center. He also received a Master's in Public Health from the University of Texas Houston Health Sciences Center School of Public Health in Epidemiology and Health policy and is completing the Cardiovascular Health Fellowship sponsored by the American Hospital Association's Health Forum. Dr. Poston served a total of six years on active duty in the USAF and was awarded the Air Force Commendation Medal (with one oak leaf cluster). He is currently an Assistant Professor at the University of Missouri – Kansas City (UMKC) and the Co-director of Behavioral Cardiology Research at the Mid America Heart Institute at St. Luke's Hospital. His research has focused on a variety of health-related topics such as obesity, cardiovascular disease prevention, behavioral and genetic epidemiology of cardiovascular disease, and tobacco use/smoking cessation. He has published over 85 peer-reviewed journal articles and book chapters and has presented at numerous national and international conferences. He has funded research in cardiovascular health outcomes, obesity, and tobacco control and has served as a consultant for governmental scientific bodies (e.g., NIH & DoD) and businesses in health-related areas, such as pharmaceutical, weight loss, and nutritional supplement companies. Dr. Poston has received several awards for his research accomplishments including a research award and a faculty shares performance award from UMKC, a president's citation from the Society of Behavioral Medicine and selection in Who's Who in Medicine and Healthcare and Who's Who in America.

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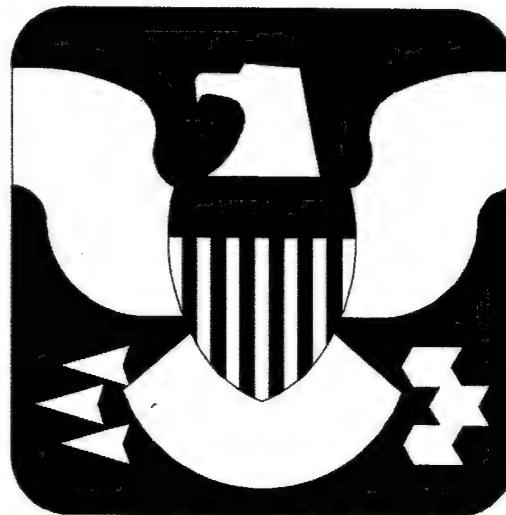
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Maj. Lisa A. Schmidt is Chief, Health Promotion Operations, Air Force Medical Operations Agency, Office of the Surgeon General. She develops, coordinates, and evaluates community health initiatives, health promotion programs, and the efficacy of Health and Wellness Centers. She also oversees the Air Force Fitness Program. Maj. Schmidt received her Bachelor of Science in Nursing from Messiah College, Grantham, Pennsylvania in 1986.

Upon graduation she worked at Harrisburg Hospital, Harrisburg, Pennsylvania where she specialized in orthopedic/trauma and critical care. She entered the Air Force in 1988 and has specialized in Health Promotion and Wellness since 1991. Her assignments include Clinical Staff Nurse, Whiteman AFB, MO; Health Promotion Manager, Ellsworth AFB, SD; Health Promotion Manager/Consultant to the Command Surgeon, Air Force Special Operation Command, Hurlburt Field, FL; and Chief, Health Promotion at Air Force Material Command, Wright-Patterson AFB, OH. During Desert Storm she deployed to RAF Little Rissington, U.K. Currently, she is pursuing a Master of Science in Administration with an emphasis in Health Care at Central Michigan University.

APPENDIX 2

Survey of Health Related Behaviors and Attitudes



Use of Health Care

1. Do you receive your health care primarily from a military health care facility?

1 Yes
2 No

2. In the past 12 months, (not counting emergency room visits), how many times did you go to a medical office or medical clinic to get care for yourself?

- None
- Once
- Twice
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

3. **Overall, how would you rate the care you received from all doctors and health care practitioners over the past 12 months?**
(Check one box)

Worst health care possible Best health care possible

1□ 2□ 3□ 4□ 5□

6 I have not received health care in the past 12 months.



Health and Health Habits

4. Compared to others your age, how likely is it that you will develop a serious disease, such as heart disease, lung cancer, or emphysema in the future? (Check one box)

Not at all
likely

Very
likely

1□ 2□ 3□ 4□ 5□

5. Would you say your overall physical health is:

- Poor
- Fair
- Good
- Very Good
- Excellent

6. How would you describe your weight?

- 1□ Very underweight
- 2□ Slightly underweight
- 3□ About the right weight
- 4□ Slightly overweight
- 5□ Very overweight

7. Which of the following are you currently trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight

Go to
Question 8

4□ I am not trying to do anything about my weight.

Go to Question 14 on the next page.

8. **How often do you try to control your weight by eating little or no food for a day or longer?**

1□ Never
2□ Seldom
3□ Sometimes
4□ Frequently
5□ Very Frequently

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9. **How often have you tried to lose weight by fasting or going on strict diets?**

1□ Never
2□ Seldom
3□ Sometimes
4□ Frequently
5□ Very Frequently

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10. **How often do you exercise vigorously and for long periods of time in order to burn calories?**

1□ Never
2□ Seldom
3□ Sometimes
4□ Frequently
5□ Very Frequently

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11. **How often do you intentionally vomit after eating?**

1□ Never
2□ Seldom
3□ Sometimes
4□ Frequently
5□ Very Frequently

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12. **How often do you use diuretics (water pills) to help control your weight?**

1□ Never
2□ Seldom
3□ Sometimes
4□ Frequently
5□ Very Frequently

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13. **How often do you use laxatives or suppositories to help control your weight?**

1□ Never
2□ Seldom
3□ Sometimes
4□ Frequently
5□ Very Frequently

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For the next few questions, consider a drink to be 1 can or bottle of beer, 1 glass of wine, 1 wine cooler, 1 cocktail, or 1 shot of liquor.

14. **During the past 30 days, on how many days did you have at least one drink of alcohol?**

0□ 0 days
1□ 1 or 2 days
2□ 3 to 5 days
3□ 6 to 9 days
4□ 10 to 19 days
5□ 20 to 29 days
6□ All 30 days

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15. **During the past 30 days, on the days that you drank alcohol, about how many drinks did you have on average?**

drinks per day

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16. **During the past 30 days, did you drive a car or other vehicle on any occasion when you had more than 2 alcoholic drinks?**

1□ Yes
2□ No
3□ I did not have 2 or more drinks on any occasion.

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17. In the past 30 days, how many times did you have 5 or more alcoholic drinks within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

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18. During the past 30 days, how often did you eat foods high in fat (e.g., french fries, potato chips, hamburgers, butter, fried chicken, ice cream, candy bars, etc.)?

- Less than once per *week*
- 1 - 2 times per *week*
- 3 - 4 times per *week*
- 5 - 6 times per *week*
- 1 - 2 times per *day*
- 3 or more times per *day*

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19. During the past 30 days, how often did you eat fruits and/or vegetables?

- Less than once per *week*
- 1 - 2 times per *week*
- 3 - 4 times per *week*
- 5 - 6 times per *week*
- 1 - 2 times per *day*
- 3 or more times per *day*

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20. Are you currently enrolled in a mandatory military weight management program?

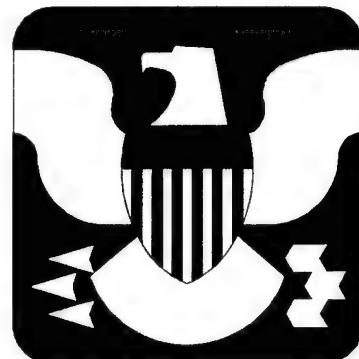
- Yes
- No
- Not Applicable

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21. How often have you used the base fitness center in the past 12 months, on average?

- Not at all
- Less than once per month
- At least once per month but less than once per week
- Once per week
- Two or more times per week

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22. During the past month, which of the following best describes your general activity level?
(Check one)

1□ Participated at least once a week in **heavy** physical exercise such as running, bicycling, or swimming either while at work or for recreation

→ Go to Question 23

2□ Participated at least once a week in **moderate** physical exercise such as golf, gardening, or taking long walks, either while at work or for recreation; or

→ Go to Question 24

3□ Did not participate regularly in physical exercise during the past month.

→ Go to Question 25

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23. In the the past month, how much time did you spend in **heavy** physical exercise during a typical week?

- 1□ Over 3 hours
- 2□ 1-3 hours
- 3□ 30-60 minutes
- 4□ Less than 30 minutes

→ Go to Question 26

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24. In the past the past month, how much time did you spend in **moderate** physical exercise during a typical week?

- 1□ Over 3 hours
- 2□ 1-3 hours
- 3□ 30-60 minutes
- 4□ Less than 30 minutes

→ Go to Question 26

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25. Which of these would you say best describes you:

- 1□ Occasionally walk, use the stairs, or exercise;
- 2□ Avoid walking or exertion as much as possible; or
- 3□ Unable to exercise due to physical limitation or condition.

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26. **Have you ever smoked regularly, that is more than 100 cigarettes in your lifetime?**

1 Yes
2 No →

If no,
Go to Question 48,
Page 7

55

27. **How old were you when you first tried a cigarette?**

Years

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28. **How old were you when you began to smoke regularly?**

Years

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29. **Have you smoked cigarettes within the past 12 months?**

1 Yes
2 No →

If no,
Go to Question 48,
Page 7

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30. **Have any of the following health professionals advised you to quit smoking in the past 12 months? (Check all that apply.)**

- a. 1 A Health Care Professional has not advised me to quit
- b. 1 Physician
- c. 1 Dentist
- d. 1 Nurse or Nurse Practitioner
- e. 1 Medical Technician
- f. 1 Physician Assistant
- g. 1 Dental Assistant
- h. 1 Other Health Care Professional

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31. **Did any of the health care professionals who advised you to quit suggest or prescribe any of the following? (Check all that apply.)**

- a. 1 A Health Care Professional has not advised me to quit
- b. 1 Medication such as Zyban or Wellbutrin
- c. 1 Nicotine Patch
- d. 1 Nicotine Gum
- e. 1 Nicotine Inhaler
- f. 1 Nicotine Spray
- g. 1 A stop smoking clinic, class, or support group
- h. 1 A stop smoking helpline
- i. 1 Acupuncture or Hypnosis
- j. 1 Other _____ (please specify)
- k. 1 None of the above

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32. **Have you ever used any of the following to help you quit smoking? (Check all that apply.)**

- a. 1 Medication such as Zyban or Wellbutrin
- b. 1 Nicotine Patch
- c. 1 Nicotine Gum
- d. 1 Nicotine Inhaler
- e. 1 Nicotine Spray
- f. 1 A stop smoking clinic, class, or support group
- g. 1 A stop smoking helpline
- h. 1 Acupuncture or Hypnosis
- i. 1 Other _____ (please specify)
- j. 1 None of the above

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33. At the military installation where you currently obtain your primary health care, as far as you know, which of the following are available to smokers?

(Check all that apply.)

- a. 1 Quit smoking groups during the day
- b. 1 Quit smoking groups during the evening hours
- c. 1 Quit smoking groups on weekends
- d. 1 Individual counseling for smoking cessation
- e. 1 Nicotine patches, gum, or inhalers available free of cost
- f. 1 Nicotine patches, gum, or inhalers available at reduced prices
- g. 1 Medications such as Zyban or Wellbutrin (that help you quit smoking) at reduced prices
- h. 1 Free books, pamphlets, or videos you can use to help you quit smoking
- i. 1 I'm not aware of any

90

98

34. In the past 12 months, have you used any tobacco cessation aids or services that were not provided by the military?

1 Yes 2 No

99

35. Have you smoked a cigarette, even a puff, in the past 30 days?

1 Yes → If yes, Go to Question 38
2 No

100

36. Did you quit smoking cigarettes:

1 less than 6 months ago
2 6 to 12 months ago

101

37. When you used to smoke, how soon after you woke up did you smoke your first cigarette?

1 within 5 minutes
2 6 - 30 minutes
3 31 - 60 minutes
4 more than 60 minutes

102

Go to Question 48,
Page 7

38. In the past 30 days, how many cigarettes have you smoked per day, on average?

cigarettes per day

103

39. In the past 30 days, did you smoke cigarettes every day or some days?

1 Every day
2 Some days

105

40. How soon after you wake up do you smoke your first cigarette?

1 within 5 minutes
2 6 - 30 minutes
3 31 - 60 minutes
4 more than 60 minutes

106

41. Are you seriously thinking of quitting smoking in the next 6 months?

1 Yes 2 No

107

42. Are you planning to quit smoking in the next 30 days?

1 Yes 2 No

108

43. In the past 12 months, have you intentionally stopped smoking for 24 hours or more?

1 Yes 2 No

109

44. Does being afraid of gaining weight keep you from quitting smoking?

1 Yes 2 No

110

45. In the past 30 days, have you smoked to avoid eating too much?

1 Yes 2 No

111

46. How easy do you think it would be for you to stop smoking for good?

1 Very Easy
2 Somewhat Easy
3 Somewhat Difficult
4 Very Difficult

112

47. If you are active duty, how many times do you take smoke breaks during your duty day on average?

times

113

1 I am not active duty

Tobacco Use by Family Members and Friends

48. Does your spouse/partner smoke cigarettes?

1 Yes
2 No
3 No spouse/partner

116

49. Other than you and your spouse/partner, how many other members of your household smoke?

household members

117

50. What percent of your close friends smoke?

1 Almost all (80% or more)
2 Many (50%-79%)
3 Some (20%-49%)
4 Hardly any (less than 20%)

119

51. In your opinion, can cigarette smoking lower a service member's chance of promotion?

1 Yes 2 No

120

52. Does the person you consider your immediate supervisor smoke cigarettes?

1 Yes 2 No 3 Don't know

121

53. During the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your work area that is not a designated smoking area?

1 Yes 2 No

122

54. Which of the following best describes the rules about smoking in your home - where you are now living (e.g., house, barracks, apartment, etc.)? (Check all that apply)

a. 1 Smoking is allowed anywhere in your home
b. 1 Smoking is allowed only in certain rooms
c. 1 Smoking is allowed on certain occasions
d. 1 Certain people are allowed to smoke in your home
e. 1 No one is allowed to smoke in your home
f. 1 Other _____

123

124

125

126

127

128

55. Are children under the age of 18 allowed to smoke inside your home?

1 Yes 2 No

129

Other Tobacco Products

56. Have you ever tried smoking other types of cigarettes such as clove, bidi, or herbal cigarettes?

1 Yes 2 No → Skip to Question 59

130

57. During the past 30 days, on how many days did you smoke these other types of cigarettes?

days

131

58. During the past 30 days, on the days you smoked other types of cigarettes, about how many did you have?

other types of cigarettes

133

59. Have you ever used chewing tobacco, snuff, or dip?

1 Yes 2 No → Skip to Question 62

135

60. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

days

136

61. During the past 30 days, on the days you used chewing tobacco, snuff, or dip, about how many chews/dips did you have?

chews/dips

138

62. Have you ever smoked tobacco in a pipe?

1 Yes 2 No → Skip to Question 65

140

63. During the past 30 days, on how many days did you smoke tobacco in a pipe?

days

141

64. During the past 30 days, on the days you smoked, about how many pipes did you have?

pipes

143

65. Have you ever smoked cigars?

1 Yes 2 No → Skip to Question 68

145

66. During the past 30 days, on how many days did you smoke cigars?

days

146

67. During the past 30 days, on the days you smoked cigars, about how many did you have?

cigars

148

Characteristics

Please choose one number on a scale from 1 to 4, where 1 is rarely or no days and 4 is most or all days for each of the following questions.

During the past 30 days would you say...

68. You felt depressed?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	150
Rarely or No Days		Most or All Days		

69. Your sleep was restless?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	151
Rarely or No Days		Most or All Days		

70. You enjoyed life?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	152
Rarely or No Days		Most or All Days		

71. You had crying spells?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	153
Rarely or No Days		Most or All Days		

72. You felt sad?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	154
Rarely or No Days		Most or All Days		

73. You felt that people disliked you?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	155
Rarely or No Days		Most or All Days		

74. Would you say you like to take risks that some people would think are dangerous (e.g., driving a motorcycle, bungee jumping, rock climbing)?

1 Strongly agree
2 Somewhat agree
3 Neutral
4 Somewhat disagree
5 Strongly disagree

156

75. What is your age? years

157

76. What is your gender?

1 Male
2 Female

158

77. Which of the following describes you? (Check all that apply.)

a. 1 African American or Black
b. 1 American Indian or Alaska Native
c. 1 Hispanic
d. 1 Asian or Pacific Islander
e. 1 White
f. 1 Other, please specify: _____

159

160

78. What is the highest level of education or year of school you have completed?

1 Less than 12 years of school
2 Grade 12 or GED (High school graduate)
3 College 1 year to 3 years (some college or technical school)
4 College graduate (BA/BS)
5 Advanced degree (graduate or professional school)

161

79. What is your current marital status?
(Check one.)

1 Never married
2 Married or living in a marriage-like relationship
3 Widowed
4 Divorced
5 Separated

80. How many children living in your household are...

a. less than 5 years old? (Number)

b. 5 through 12 years old? (Number)

c. 13 through 17 years old? (Number)

1 Check here if no children under 18

81. How many adults, other than yourself, live in your household?

0 Zero
1 One
2 Two
3 Three
4 Four
5 Five
6 More than 5

82. How tall are you without shoes?

feet inches

83. How much do you weigh without shoes?

pounds

84. What is your military status?

1 Active Duty Member
2 Reserve Member
3 Guard Member
4 Retired from Active Duty/Reserves/Guard
5 Family member - Spouse
6 Family member - Child
7 Other

Military Specific Information

* If you are **active duty**, please answer the following questions for yourself.

* If you are a **retiree**, answer service/rank question based on your status at retirement.

* If you are **not an active duty member or retiree**, please answer the following questions based on the status of your sponsor (i.e., spouse).

85. Military Service:

1 Air Force
2 Army
3 Marines
4 Navy
5 Coast Guard
6 Other

86. What is your (or your sponsor's) military rank?

Enlisted	Warrant	Officer
1 <input type="checkbox"/> E-1	10 <input type="checkbox"/> W-1	15 <input type="checkbox"/> O-1
2 <input type="checkbox"/> E-2	11 <input type="checkbox"/> W-2	16 <input type="checkbox"/> O-2
3 <input type="checkbox"/> E-3	12 <input type="checkbox"/> W-3	17 <input type="checkbox"/> O-3
4 <input type="checkbox"/> E-4	13 <input type="checkbox"/> W-4	18 <input type="checkbox"/> O-4
5 <input type="checkbox"/> E-5	14 <input type="checkbox"/> W-5	19 <input type="checkbox"/> O-5
6 <input type="checkbox"/> E-6		20 <input type="checkbox"/> O-6
7 <input type="checkbox"/> E-7		21 <input type="checkbox"/> O-7
8 <input type="checkbox"/> E-8		22 <input type="checkbox"/> O-8
9 <input type="checkbox"/> E-9		23 <input type="checkbox"/> O-9

87. Base at which you currently receive medical care:

1□ Minot
2□ Whiteman
3□ Tinker
4□ Hill
5□ Other, specify _____

186

88. Consider the Military Treatment Facility (e.g., base hospital or clinic) where you are currently assigned to receive your primary medical care. Is it likely that you will receive your health care from this facility over the next 12 months?

1□ Yes
2□ No
3□ Uncertain

187

**Thank you very much
for taking the time
to complete this survey!**



APPENDIX 3

Survey of Health Related Behaviors and Attitudes



1. Do you receive your health care primarily from a military health care facility?

1 Yes
2 No

2. Would you say your overall physical health is:

1 Poor
2 Fair
3 Good
4 Very Good
5 Excellent

3. Which of the following are you currently trying to do about your weight?

1 Lose weight
2 Gain weight
3 Stay the same weight
4 I am not trying to do anything about my weight

For the next question, consider a drink to be 1 can or bottle of beer, 1 glass of wine, 1 wine cooler, 1 cocktail, or 1 shot of liquor.

4. During the past 30 days, on how many days did you have at least one drink of alcohol?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 All 30 days

5. How often have you used the base fitness center in the past 12 months, on average?

1 Not at all
2 Less than once per month
3 At least once per month but less than once per week
4 Once per week
5 Two or more times per week

There are just a few more questions on the back!

6. **Have you ever smoked regularly, that is more than 100 cigarettes in your lifetime?**

1 Yes
2 No

10. **What is your (or your sponsor's) military rank?**

Enlisted	Warrant	Officer
1 <input type="checkbox"/> E-1	10 <input type="checkbox"/> W-1	15 <input type="checkbox"/> O-1
2 <input type="checkbox"/> E-2	11 <input type="checkbox"/> W-2	16 <input type="checkbox"/> O-2
3 <input type="checkbox"/> E-3	12 <input type="checkbox"/> W-3	17 <input type="checkbox"/> O-3
4 <input type="checkbox"/> E-4	13 <input type="checkbox"/> W-4	18 <input type="checkbox"/> O-4
5 <input type="checkbox"/> E-5	14 <input type="checkbox"/> W-5	19 <input type="checkbox"/> O-5
6 <input type="checkbox"/> E-6		20 <input type="checkbox"/> O-6
7 <input type="checkbox"/> E-7		21 <input type="checkbox"/> O-7
8 <input type="checkbox"/> E-8		22 <input type="checkbox"/> O-8
9 <input type="checkbox"/> E-9		23 <input type="checkbox"/> O-9

7. **Have you smoked a cigarette, even a puff, in the past 30 days?**

1 Yes
2 No

8. **In the past 30 days, how many cigarettes have you smoked per day, on average?**

cigarettes per day

9. **During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?**

days

11. **Base at which you currently receive medical care:**

1 Minot
2 Whiteman
3 Tinker
4 Hill
5 Other, specify _____

12. **Consider the Military Treatment Facility (e.g., base hospital or clinic) where you are currently assigned to receive your primary medical care. Is it likely that you will receive your health care from this facility over the next 12 months?**

1 Yes
2 No
3 Uncertain

Thank you very much for taking the time to complete this survey!



APPENDIX 4

Tobacco Intervention Basics

Arizona Program for Nicotine & Tobacco Research
College of Medicine
The University of Arizona

Three Component Training for The Star Project

The Briefing

Audience: This information is intended for dissemination to a wide audience and is meant to be adapted for differing audiences including Commanders, Primary Care Providers and for integration into settings where a brief presentation on tobacco intervention is a part of the program.

Learning Objectives: At the end of this presentation, participants will be able to:

1. State at least three reasons to assign priority to tobacco intervention and control.
2. Describe briefly the STAR Project goals and community plan for their base.
3. Identify at least two actions that they can take to assist in implementing their STAR Project community plan.

Overview: This module is a presentation that covers three core topics: the impact of tobacco use on the health of users and on the readiness and operating capacity of the armed forces, the STAR Project goals and base specific community plan and the opportunities for audience members to engage in accomplishing the community plan. Additional topics may be included to meet the needs of a specific audience. These topics are an overview of pharmacological interventions, implementing clinic-based tobacco interventions, the role of command in reducing tobacco dependence and effects of secondhand smoke.

Time: 10 to 30 minutes of presentation time depending on content selection.

Materials:

1. PowerPoint presentation
2. Speaker's notes with references
3. 3-up handouts of slides
4. Contact information for STAR Project base point person

Intervention and Referral

Audience: There are two audiences for this module:

Group One: Persons who are interested in learning how to intervene with tobacco users by making referrals to services. These persons will do the Intervention & Referral Training [I & R] as a stand alone and will not be expected to move on to more advanced intervention skills in

Group Two: Persons who will be assisting tobacco users to complete a simple treatment plan and who will follow up with clients to track progress. These persons will be expected to complete the Motivating & Assisting module.

Learning Objectives: At the end of this presentation, participants will be able to:

1. Demonstrate a non-judgmental intervention with a tobacco user in which they state their awareness of tobacco use, perform a quick assessment of readiness to quit and offer appropriate information and/or referral to further intervention.
2. Express confidence in their ability to provide this intervention.

Overview: Participants are sensitized to tobacco use in their environment and are assisted in learning non-judgmental techniques for initiating a brief intervention. The stages of change model is used as a basis for a simple assessment of current readiness to quit. Based on this assessment, participants will learn two options for providing appropriate self-help material and referring the tobacco user to services on the base. Additionally, participants will learn five advice messages that can be delivered to tobacco users including two that relate to environmental tobacco smoke.

Time: 50 to 60 minutes of class time depending on number of participants.

Suggested class size: 4 to 12 persons.

Materials:

1. Participant Guidebooks (MS Word format)
2. Instructor's Manual
3. PowerPoint presentations including speaker's notes
4. Evaluation materials: pretest and post test
5. Permission for follow-up training evaluation
6. 3-up handouts of slides
7. Contact information for STAR Project base point person
8. Intervention tools:
 - a. Information cards for treatment options on base with brief description of services and contact information.
 - b. Self help materials and information on how to obtain refills.

Motivating and Assisting

Audience: The audiences for this module are persons who will assist tobacco users through motivational interventions to increase readiness to quit and assist tobacco users who are preparing for or engaged in a quit attempt. These persons will be often be those persons in the medical unit who will be providing limited counseling or supervision of tobacco users attempting to quit and other human services personnel in the HAWK or IDS. The concept paradigm is the "Guided Self Quit."

Learning Objectives: At the end of this presentation, participants will be able to demonstrate the following skills:

1. Demonstrate a brief motivational intervention using the tools and handouts from the training.
2. Provide education about the benefits, side effects and proper use of three common medications used to assist tobacco users in quitting and provide assistance in obtaining medications.
3. Demonstrate the ability to assist a tobacco user in completing a Self Quit Plan.
4. Identify key times for relapse management interventions and demonstrate skills in follow-ups with those attempting to quit including verbal support for continuing abstinence, relapse intervention and monitoring of compliance with treatment plan and medications.
5. Express confidence in their ability to provide this intervention.

Overview: Participants learn intervention skills to assist tobacco users in quitting. The activities are skills focused and utilize observation, demonstration and discussion.

Time: 60 to 90 minutes of class time depending on number of participants.

Suggested class size: 4 to 12 persons.

Materials:

1. Participant Guidebooks (MS Word format)
2. Instructor's Manual
3. PowerPoint presentations including speaker's notes.
4. Evaluation materials: Skills check and post test
5. Permission for follow-up training evaluation
6. 3-up handouts of slides
7. Contact information for STAR Project base point person
8. Intervention tools:
 - a. Information cards for treatment options on base with brief description of services and contact information.
 - b. Client quit plan.
 - c. Self help materials and information on how to obtain refills.
 - d. Handouts on nicotine gum, patches and Zyban.

APPENDIX 5

Sample Script for Focus Group

Proposed Introductory Script

Good morning and thank you for joining us today. My name is Pamela Xaverius and I am a psychologist at the University of Missouri-Kansas City. I want to talk with you to learn about smoking at Whiteman Air Force base. Thank you for volunteering to participate in this focus group. We are particularly interested in your thoughts and feelings about the smoking and what could be done to get smokers to quit.

We are tape recording this session because we don't want to miss any of your comments. My role will be to ask questions and listen. You don't have to address your comments to me, feel free to talk to each other. If for any reason, at any point during the focus group, you feel uncomfortable, you are free to leave the focus group. Lets get started by going around and introducing ourselves. Tell us your name and what your job is on base.

Proposed Questions

The first few questions will identify the information that the focus groups participants have regarding smoking and smoking cessation services available on base.

- ⇒ What are your feelings about smoking on base?
- ⇒ What resources are you aware of that are available to smokers on base?
- ⇒ Do you or any of your peers smoke, and if so, what services on base might influence them to stop?
- ⇒ What are your feelings about smoking cessation advice to active duty members?
- ⇒ Of your peers that smoke, what current information or resources might assist them in quitting?
- ⇒ What sorts of things on base encourage smokers to smoke?
- ⇒ What sorts of things could encourage smokers to quit?
- ⇒ What leadership positions on base have the greatest influence on the general behavior of active duty personnel as well as on health-specific behaviors?

After some general questions, we will ask specific questions regarding the Services Tobacco Addiction Reduction (STAR) project. STAR is designed to assist military installations in reducing tobacco consumption by active duty personnel, family members, and retirees. STAR draws on proven methods for reducing tobacco use that was developed both within the military and in civilian settings.

- ⇒ What might be ways to create a buzz on base that military personnel should not smoke?
- ⇒ How will the information regarding tobacco cessation services be best received by smokers in the military?
- ⇒ How should the STAR project be best advertised or promoted?
- ⇒ Who would be the best people to advise smokers about cessation services?

APPENDIX 6

Newspaper Coding Cover Sheet

Coded By	Today's Date	Paper	Paper Date

ID Numbers for Papers:

Air Force

1. Tinker Take Off
2. Whiteman Spirit
3. Northern Star
4. Hilltop Times

Marines

10. The Jet Stream
11. The Windsock
12. Flight Jacket
13. Observation Post

Navy

5. The Caller Times
6. The Golden Eagle
7. The Dolphin
8. The Newport Navalog
9. The Jax Air News

Army

- 14.
- 15.
- 16.
- 17.

Ad Frequencies

Anti-Tobacco	Pro-Tobacco	Cessation Classes	Alcohol

General Paper Information

Coded By	Today's Date	Paper	Paper Date	Article #

Specific Article Information

Location	Size WxL	Plus Photo

Topic

Physical Activity (list)	Directly Tobacco Related (list)	Indirectly Tobacco Related (list)				
Weight	Alcohol	Drugs	Suicide	Seat Belts	Work Accidents	Multiple Issues

Headline

Stance

Pro-Tobco	Anti-Tobco	Pro-Health	Anti-Health

Anti-Tobacco Frame _____

Pro-Tobacco Frame _____

INFORMATION SHEET

We are ONLY coding articles with these sheets. Some ads are COUNTED and listed on the cover sheet, but not coded like articles.

Ad Frequencies

Boxes for frequencies of several types of ads are on the bottom of the cover page. Simply count these ads and list the number in the correct slot.

Anti-Tobacco Ads, these are ads usually placed by anti-tobacco groups like The Truth or American Lung Association, and mention things like the dangers of smoking.

Pro-Tobacco Ads, ads for cigarettes, smokeless tobacco, pipes etc, usually placed by tobacco companies. These are rare, and if you find one show Jen ASAP.

Tobacco Cessation Class / Stop Smoking Groups, there are usually several listings, announcements, or traditional ads for groups or classes to stop smoking. All types of ads with this leaning are counted in this category. Simply a listing of a phone number for a tobacco counselor is not

Alcohol Ads, these are ads for alcoholic products, such as ads for Budweiser Beer etc, but does not include ads for things like happy hours and bars.

Specific Article Information

Location: the page it appears on in the paper

Size: Measure to the nearest QUARTER INCH! Round up if it's at or above the nearest eighth inch, down if its below the eighth inch. Measure BORDER TO BORDER if there is one, if not go WORD TO WORD.

Plus Photo: just check the box if there is a photo associated with the story. Don't forget to include these photos as part of the size of the article.

Topic

Physical Activity (Exercise/Fitness), activity that uses skeletal muscles for movement and results in energy expenditure. It is planned, structured, repetitive, and purposive in the sense that improvement or maintenance of one or more components of physical fitness is an objective. Components of physical fitness include: cardiovascular/muscular endurance, strength, body composition, flexibility, agility, coordination, balance, speed, power, reaction time. For our coding purposes, the article must directly relate whatever the article is about to physical fitness or exercise. For example, an article on summer swimming is not coded, but an article on how swimming can improve health is. General sports and outdoor recreation articles are not coded unless, as stated earlier, it is directly related to health within the article. This means you need to read the articles. Write the activity that is related to health or fitness in the box if using this category. Also, these will all generally be listed as "Pro-Health," unless there is reason to do otherwise.

Examples of common articles citing exercise related to health are: endurance tests, general fitness tests, weight training, lifting weights, the process of getting in shape, *training* for fitness competition (races, contests), aerobics, running, walking, exercising, swimming, cardio-kick box, tae-bo, yoga, fitness plans, overall fitness of groups or the base, how general fitness is related to outcomes, hours for fitness centers, and sports that are presented as being key to fitness.

Directly Tobacco Related, the MAIN POINT of the information focuses on messages that may be used by public health advocates and by the tobacco industry. (This can include information on risks and outcomes of smoking, cessation classes, anything pertaining to use).

Indirectly Tobacco Related, the MAIN POINT of the information focuses on other tobacco related issues such as personal human interest stories with policy discussion; international tobacco issues (e.g., importing and exporting); stories about cigarette related fires, stories about the Bureau of Alcohol, Tobacco, and Firearms, and stories about individual litigation against the tobacco industry, are messages that may be used by public health advocates and by the tobacco industry.

Weight, this category is for articles regarding weight loss, dieting (methods, products), nutrition, obesity, under-weight, disorders, optimal weight, and maintaining weight.

Alcohol, articles relating to DUI, drinking and driving, consumption, abuse, dependence, enforcement policy, risks and results of use, and prevalence.

Drugs, includes illegal drugs like marijuana, cocaine, heroin, ecstasy, etc, also for info on drug/alcohol busts, selling, dealing, growing, enforcement policy, risks and results of use, and prevalence.

Suicide, can include prevalence or people attempting/committing suicide.

Seat Belts, articles on use or lack of use of seat belts

Work Accidents, on the job active-duty accidents

Multiple Issues, if more than one of any of these categories is part of the article, check this box.

Anti-Tobacco Frame

1. **Deceit/Manipulation:** tobacco industry manipulates people to smoke through its advertising; tobacco companies are deceiving people by not admitting that tobacco kills.
2. **Non-Smokers Rights:** second hand smoke is a significant health hazard and non-smokers have a right to be protected in the workplace and other public areas.
3. **Kids:** the tobacco industry is targeting kids as potential smokers, merchants are selling tobacco to minors and that is wrong because kids shouldn't smoke.
4. **Killer:** smoking kills, therefore tobacco should be regulated and tobacco marketing eliminated and we must work for a smoke free society.
5. **Outside Intruder:** the tobacco industry is interfering with public health policy, writing policy, promoting its own special interests, even paying off politicians.
6. **Drug Delivery Device:** nicotine is addictive and companies manipulate levels, FDA must therefore regulate the product for consumer safety
7. **Corporate Liability:** manufacturers are liable for damage caused by their products
8. **Smokers at Risk:** individual smokers are putting themselves at great risk by smoking; we must work on getting smokers to quit.
9. **Costs of Smoking:** smoking causes economic losses to our business, health care, and productivity
10. **David vs Goliath:** anti-smoking advocates and health advocates with little money and power are fighting against a huge corporate monster with vast resources

Pro-Tobacco Frame

1. **Positive Economic Force:** Americans benefit from tobacco money and jobs
2. **Moralizing/Hostility/Prohibition:** anti-smoking zealots are moralizing to us, discriminating against us, rules are too drastic; health advocates are promoting their own agendas, want to eventually prohibit smoking.
3. **Free Speech/Legal Product:** first amendment protects advertising and promotion of legal products.
4. **Just Doing Business:** tobacco companies are just looking out for their businesses
5. **Big Government/Civil Liberties:** big government is again interfering with personal lifestyle decisions, where will it stop? Government is taking away the rights of smokers
6. **Accommodation:** we can and should accommodate smokers and nonsmokers
7. **Choice:** smoking is a matter of choice like any other choice in life
8. **Manipulation of Science:** government and anti-smoking advocates are manipulating scientific data to come to predetermined conclusions to support their personal desire to eventually ban cigarettes
9. **Health vs Wealth:** business world would suffer
10. **Pleasurable Experience:** health risks or not, smoking is a pleasurable activity that is relaxing and relieves stress
11. **Concerned About Youth:** tobacco companies do not want youth to smoke.

APPENDIX 7

Appendix 7a



DEPARTMENT OF THE NAVY
NAVAL SUBMARINE BASE NEW LONDON
GROTON, CONNECTICUT 06349-5000

5000
Ser 00/ 00955
25 JUN 2002

Pamela Xaverius, Ph.D.
Research Assistant Professor
Psychology Department
University of Missouri-Kansas City
4825 Troost Suite 124
Kansas City, MO 64110

Subject: AGREEMENT TO PARTICIPATE IN DEPARTMENT OF DEFENSE
TOBACCO RESEARCH PROJECT

Dear Dr. Xaverius:

I nominate the Naval Submarine Base New London to participate in "A Model DoD Systems Approach for Tobacco Cessation" research project. The tobacco use rate among active duty personnel at the Naval Submarine Base is high. I consent to the following requirements for participation in this project.

- a. Agreement to be randomized to one of the study conditions
- b. Consent for the project staff to randomly survey healthcare beneficiaries
- c. Agreement to allow base personnel to participate in approximately two hours of standard project tobacco cessation training
- d. Installation support by the installation Community Action Information Board to provide assistance in creating a base-wide campaign aimed at increasing tobacco cessation on the installation

I understand a Navy Institutional Review Board will approve this research project before it begins. I understand that survey materials, staff to conduct the surveys and provide the training will be provided by the research project with no financial obligation required by this installation.

My point of contact for this project is Ms. Marilyn Magness from the Naval Ambulatory Care Center. She can be reached at (860) 694-2227.


R. W. RUELLE
Captain, U. S. Navy
Commanding Officer

Appendix 7b



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

6200

6

JUL 09 2002

FIRST ENDORSEMENT on CO NAVHOSP 29 Palms ltr 6200 0200
of 25 Jun 02

From: Commanding General, Marine Air Ground Task Force Training
Command, Marine Corps Air Ground Combat Center
To: Ms. Pamela K. Xaverius, Ph.D., University of Missouri-
Kansas City, Psychology Department, 4825 Troost, Kansas
City, MO 64110
Subj: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH
FOR TOBACCO CESSATION" RESEARCH PROJECT

1. Forwarded, enthusiastically recommending approval.
2. As a combat training center, we see Marines and Sailors graduate from boot camp tobacco free but then slip back into the addiction of tobacco use during the first few weeks of their new assignment. Tobacco use is counter-productive to combat readiness as it affects every aspect of a Marine's and Sailor's health. Tobacco use is also the second leading financial drain on the military health care system. Participation in a program such as this will help reduce the incidence of tobacco use, increase combat readiness, and reduce health care costs.

Copy to:
CO, NAVHOSP29PALMS

Appendix 7c



Robert E. Bush Naval Hospital
-Medal of Honor Recipient

DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
BOX 788220
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8220

IN REPLY REFER TO:

6200
0200
25 Jun 02

From: Commanding Officer, Naval Hospital Twentynine Palms
To: Ms. Pamela K. Xaverius, Ph.D., University of Missouri-Kansas
City, Psychology Department, 4825 Troost, Kansas City, MO 64110
Via: Commanding General, Marine Corps Air Ground Combat Center
Subj: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH FOR
TOBACCO CESSATION" RESEARCH PROJECT
Ref: (a) P. Xaverius E-Mail of 7 Jun 02

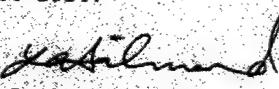
1. Per reference (a), I nominate Robert E. Bush Naval Hospital Twentynine Palms to participate in "A Model DoD Systems Approach for Tobacco Cessation" research project. The tobacco use rate among active duty personnel at Naval Hospital Twentynine Palms and the Marine Corps Air Ground Combat Center is more than double the national average. I consent to the following requirements for participation in this project:

- a. Agreement to be randomized to one of the study conditions.
- b. Consent for project staff to randomly survey healthcare beneficiaries.
- c. Agreement to allow base personnel to participate in approximately two hours of standard project tobacco cessation training.

2. I understand that this research project is subject to approval by the Navy Institutional Review Board before it begins.

3. I understand that survey materials and the staff needed to conduct the surveys and provide cessation training will be provided by the DoD Systems Approach for Tobacco Cessation Research Project Team, and that no financial obligation will be incurred by this installation.

4. Point of contact and project coordinator for the tobacco cessation project is Martha Hunt at (760) 830-2814.


L. A. SALMOND

Appendix 7d

06/24/2002 21:06 FAX

002



DEPARTMENT OF THE NAVY
NAVAL HEALTH CARE NEW ENGLAND
ONE RIGGS ROAD
NEWPORT RI 02841-1002

IN REPLY REFER TO.

6500
Ser N03/01335
June 20, 2002

Pamela K. Xaverius, Ph.D.
Research Assistant Professor
Psychology Department
University of Missouri-Kansas City
4825 Troost
Kansas City, MO 64110

Dear Dr. Xaverius:

Enclosed is the Clinical Investigation Protocol (CIP) Standards of Conduct and CIP Project Investigator Report clinical investigation research proposal, which is forwarded with my full support and approval. This proposal has been reviewed for scientific validity and appropriateness for experimental design, statistical design, protection of human subjects, and ethical considerations.

The principal and associate investigators who will be directly responsible for the study, as well as the subjects, are privileged members of Naval Ambulatory Care Center (NACC), Newport, and are qualified to perform the proposed research.

I will ensure that the principal investigator designates an appropriately qualified individual who will provide continuity for patient care and research data maintenance in the event of his detachment from NACC, Newport.

My points of contact are Commander Mark V. Sutherland, who may be reached at the above address or by telephone at (401) 841-6117, and Ms. Lisa DiMaria, (401) 841-6773.

Sincerely,



A. M. GREIDAN
Captain, Medical Service Corps
U.S. Navy
Deputy
By direction of
the Commanding Officer

Enclosure 1. Clinical Investigation Proposal-Standards of Conduct and Project Investigator Report ICO the STAR Project Services Tobacco Addiction Program, "A Model DOD System's Approach for Tobacco Cessation"

Appendix 7e



DEPARTMENT OF THE NAVY

Branch Medical Clinic
Marine Corps Air Station Miramar
P.O. Box 452002
San Diego, CA 92145-2002

6000
GL1
17 Jul 02

FIRST ENDORSEMENT on COMCABWEST ltr 6000 AA of 03 Jul 02

From: Head, Branch Medical Clinic, Marine Corps Air Station Miramar
To: Pamela K. Xaverius, Ph.D., Research Assistant Professor, University of Missouri-Kansas City

Subj: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH FOR TOBACCO CESSION" RESEARCH PROJECT

1. Forwarded.

WB Ferrara
W. B. FERRARA

Copy to:
COMCABWEST

Appendix 7f



UNITED STATES MARINE CORPS
MARINE CORPS AIR BASES WESTERN AREA MCAS MIRAMAR
PO BOX 422001
SAN DIEGO CA 92145-2001

IN REPLY REFER TO:
6000
AA
JUL 03 2002

From: Commander, Marine Corps Air Bases Western Area, Marine Corps Air Station, Miramar, San Diego
To: Pamela K. Xaverius, Ph.D., Research Assistant Professor, University of Missouri-Kansas City
Via: Director, Branch Medical Clinic, Marine Corps Air Station Miramar
Subj: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH FOR TOBACCO CESSATION" RESEARCH PROJECT

1. I nominate Marine Corps Air Station Miramar to participate in "A Model DoD Systems Approach for Tobacco Cessation" research project. In order for the base to participate with this study I consent to the following:

(a) Agreement to be randomized to one of the study conditions.

(b) Support by Marine Corps Community Services, Semper Fit, to provide assistance in creating a base-wide campaign aimed at increasing tobacco cessation on the installation.

2. I understand before this project begins a Navy Institutional Review Board will approve this research project.

3. I understand survey staff and material will be funded by the research project and there will be no financial obligation required by this base.

4. My point of contact and project coordinator for this tobacco cessation project is Lieutenant Erik Jensen at Branch Medical Clinic Miramar (858) 577-9950.

JON A. GALLINETTI

Appendix 7g



DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
937 FRANKLIN AVENUE
LEMOORE, CALIFORNIA 93246-5004

IN REPLY REFER TO:

6320
Ser 00/0808
June 14, 2002

Pamela K. Xavius, Ph.D.
Psychology Department
University of Missouri-Kansas City
4825 Troost
Kansas City, MO 64110

Dear Doctor Xavius:

SUBJECT: DEPARTMENT OF DEFENSE (DoD) TOBACCO CESSATION RESEARCH PROJECT

I nominate Naval Hospital Lemoore to participate in "A Model DoD Systems Approach for Tobacco Cessation" research project. The tobacco use rate among active duty personnel at Naval Air Station Lemoore is greater than thirty percent. I consent to the following requirements for participation in this project:

- Agreement to be randomized to one of the study conditions
- Consent for project staff to randomly survey health care beneficiaries
- Agreement to allow base personnel to participate in approximately two hours of standard project tobacco cessation training
- Installation support by the installation Community Action Information Board to provide assistance in creating a base-wide campaign aimed at increasing tobacco cessation on the installation.

I understand a Navy Institutional Review Board will approve this research project before it begins and that survey materials, staff to conduct the surveys, and to provide cessation will all be provided by the research project with no financial obligation required by this installation.

My point of contact and project coordinator for this tobacco cessation project is Mr. Todd Hoover, Health Promotion Coordinator at (559) 998-4549/4584 or by E-Mail at: thoover@nham.med.navy.mil.

Sincerely,

A handwritten signature in black ink, appearing to read "C. M. Bruzek-Kohler".

C. M. BRUZEK-KOHLER
Captain, Nurse Corps
United States Navy
Commanding Officer

Copy to: Commanding Officer, Naval Air Station Lemoore

Appendix 7h



DEPARTMENT OF THE NAVY

NAVAL AIR STATION
JACKSONVILLE, FLORIDA 32212-5000

IN REPLY REFER TO:
6280
Ser 110/01383
17 JUN 2002

Dr. Pamela K. Xaverius
Research Assistant Professor
University of Missouri-Kansas City
Psychology Department
4825 Troost, Suite 124
Kansas, MO 64110

Dear Dr. Xaverius,

SUBJECT: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH FOR TOBACCO CESSION" RESEARCH PROJECT

I nominate Naval Hospital, Jacksonville and Naval Air Station, Jacksonville to jointly participate in "A Model DOD Systems Approach for Tobacco Cessation" research project. The tobacco use rate among active duty personnel at Naval Air Station, Jacksonville is high. I consent to the following requirements for participation in this project: (a) agreement to be randomized to one of the study conditions, (b) consent for project staff to randomly survey healthcare beneficiaries, (c) agreement to allow base personnel to participate in approximately two hours of standard project tobacco cessation training, and (d) installation support by the installation Community Action Information Board to provide assistance in creating a base-wide campaign aimed at increasing installation tobacco cessation.

I understand a Navy Institutional Review Board will approve this research project before it begins. I further understand that survey materials and staff to conduct the surveys and provide cessation will all be provided by the research project, with no financial obligation required by this installation.

My point of contact and project coordinator for this tobacco cessation project is Commander Kathy Natoli, NC, USN, Head of our Wellness Center, (904) 542-5292, extension 18.

Sincerely,

A handwritten signature in black ink, appearing to read "M. S. BoenSel".
M. S. BOENSEL
Captain, U.S. Navy
Commanding Officer

Copy to:
NAVHOSP Jacksonville

Appendix 7i



DEPARTMENT OF THE NAVY

NAVAL AIR STATION
JACKSONVILLE, FLORIDA 32212-5000

IN REPLY REFER TO:

6280
Ser 00/00229
16 NOV 2001

From: Commanding Officer, Naval Air Station, Jacksonville
To: Director, Health Promotion/Population Health Navy
Environmental Health Center

Subj: A MODEL DOD SYSTEMS APPROACH FOR TOBACCO CESSATION
RESEARCH PROJECT

Ref: (a) Naval Environmental Health Center Memo of
4 Oct 01

1. Naval Air Station (NAS), Jacksonville is renowned for its long-term commitment to health promotion. During my tenure as Commanding Officer, I have personally witnessed the coordinated efforts of station commands and local community agencies to promote wellness throughout our population. Naval Hospital, Jacksonville and its Wellness Center continually review their programs and adopt new initiatives to reduce the number of tobacco users.
2. I strongly endorse NAS Jacksonville as an intervention site for "A Model DoD Systems Approach for Tobacco Cessation" research project described in reference (a). I am confident NAS Jacksonville will exceed all expectations required for the study.

A handwritten signature in black ink, appearing to read "M. S. Boensel".

M. S. BOENSEL

Copy to:
NAVHOSP Jacksonville

Appendix 7j



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
2080 CHILD STREET
JACKSONVILLE, FLORIDA 32214-3000

IN REPLY REFER TO:
6520
Ser 0301/2/63
NOV 13 2001

From: Commanding Officer, Naval Hospital Jacksonville
To: Director, Health Promotion/Population Health, Navy
Environmental Health Center

SUBJ: "A MODEL DOD SYSTEMS APPROACH FOR TOBACCO CESSATION"
RESEARCH PROJECT

Ref: (a) Naval Environmental Health Center memo of 04 Oct 01

1. I strongly endorse Naval Air Station (NAS) Jacksonville as an intervention site for the research project "A Model DOD Systems Approach for Tobacco Cessation," described in reference (a). NAS Jacksonville has a long standing history of commitment to health promotion and fostering a healthy and safe community. Our Wellness Department and Primary Care Manager sites are committed to a successful project.
2. Ms. Lisa Goldstein of the Naval Hospital Jacksonville Wellness Center will serve as Project Coordinator. She is a Certified Addictions Professional and has a Masters Degree in Addictions Counseling. She has served both NAS and the city of Jacksonville as a leader of the "Smoke-Free Jacksonville Coalition" for the past six years.
3. NAS Jacksonville has a population of approximately 3,200 active duty cigarette smokers based on a .31 prevalence rate. This past year more than 1000 active duty members received tobacco cessation intervention at our Wellness Center. Of 300 active duty members contacted six months after intervention, 120 reported to be smoke-free. Our tobacco cessation programs include cognitive and behavioral-modification components, nicotine replacement, Zyban and group hypnosis sessions. I am confident NAS Jacksonville will meet all expectations required of an intervention site for the study, if selected.
4. Point of Contact for the project is CDR Kathy Natoli, NC, USN, Head of our Wellness Center, at COMM (904) 542-5292 extension 12, or Ms. Lisa Goldstein at COMM (904) 542-5292 extension 18, DSN prefix 942.



R. A. LOCKHART

Appendix 7k



DEPARTMENT OF THE NAVY

NAVAL AIR STATION
11001 D STREET SUITE 143
CORPUS CHRISTI, TEXAS 78419-5021

IN REPLY REFER TO:
6200
Ser 0305/

11 JUN 2002

From: Commanding Officer, Naval Hospital Corpus Christi Health Care System

Subj: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH FOR TOBACCO CESSATION" RESEARCH PROJECT

1. I nominate Naval Hospital, Corpus Christi, Health Care System to participate in "A Model DoD Systems Approach for Tobacco Cessation" research project. The tobacco use rate among active duty personnel at NAS Corpus Christi is high. I consent to the following requirements for participation in this project:
 - (a) agreement to be randomized to one of the study conditions,
 - (b) consent for project staff to randomly survey healthcare beneficiaries,
 - (c) agreement to allow base personnel to participate in approximately two hours of standard project tobacco cessation training, and
 - (d) installation support by the installation Wellness Center to provide assistance in creating a base-wide campaign aimed at increasing tobacco cessation on the installation.
2. I understand a Navy Institutional Review Board will approve this research project before it begins.
3. I understand that survey materials and staff to conduct the surveys and provide cessation training will all be provided by the research project with no financial obligation required by this installation.
4. My point of contact and project coordinator for this tobacco cessation project is CDR Catharine Duggan, who can be reached at 361-961-3238.

R. Marcantonio
R. L. MARCANTONIO

Appendix 7I



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BEAUFORT, SOUTH CAROLINA 29902-8148

IN REPLY REFER TO:

5300
Ser 22D/02365
18 JUN 2002

Ms. Pamela K. Xaverius, Ph.D.
Research Assistant Professor-Psychology Dept.
University of Missouri-Kansas City
4825 Troost
Kansas City MO 64110

Dear Ms. Xaverius:

Subj: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH FOR TOBACCO CESSATION" RESEARCH PROJECT

I nominate Naval Hospital Beaufort to participate in "A Model DoD Systems Approach for Tobacco Cessation" research project. The tobacco use rate among active duty personnel at the Tri-Command Marine Corp Air Station, Marine Corp Recruit Depot, and Beaufort Naval Hospital is high. I consent to the following requirements for participation in this project: Agreement to be randomized to one of the study conditions, consent for project staff to randomly survey healthcare beneficiaries, agreement to allow base personnel to participate in approximately two hours of standard project tobacco cessation training, and installation support to provide assistance in creating a base-wide campaign aimed at increasing tobacco cessation on the installation.

I understand a Navy Institutional Review Board will approve this research project before it begins.

I understand that survey materials, staff to conduct the surveys and to provide cessation will all be provided by the research project with no financial obligation required by this installation.

My point of contact and project coordinator for this tobacco cessation project is Ms. Ivette Dixon, Health Promotion Coordinator.

Sincerely,

G. W. ZUCKERMAN
Captain, Medical Service Corps
Commanding Officer
United States Navy

Appendix 7m



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
PSC Box 8023
CHERRY POINT, NORTH CAROLINA 28533-0023

IN REPLY REFER TO:

5250
Ser 57/0550
22 Jun 02

From: Commanding Officer, Naval Hospital, Cherry Point
To: Pamela K. Xaverius, Ph.D., Research Assistant
Professor, University of Missouri-Kansas City,
Psychology Department, 4825 Troost, Kansas City, MO
64110

Subj: AGREEMENT TO PARTICIPATE IN "A MODEL DOD SYSTEMS APPROACH FOR
TOBACCO CESSATION" RESEARCH PROJECT

1. Naval Hospital Cherry Point, Marine Corps Air Station (MCAS) Cherry Point welcomes the opportunity to participate in "A Model DoD Systems Approach for Tobacco Cessation" research project. The tobacco use rate among active duty personnel at MCAS is high. Consent is given to the following requirements for participation in this project:

- a. To be randomized to one of the study conditions.
- b. For project staff to randomly survey healthcare beneficiaries
- c. To allow base personnel to participate in approximately two hours of standard project tobacco cessation training.
- d. Installation support by the installation Public Affairs Department to provide assistance in creating a base-wide campaign aimed at increasing tobacco cessation on the installation.

2. I understand a Navy Institutional Review Board will approve this research project before it begins.

3. I understand that survey materials and staff to conduct the surveys and to provide cessation will all be provided by the research project with no financial obligation required by this installation.

4. My point of contact and project coordinator for this tobacco cessation project is Commander Joanne Hill, NC, USN, HELMS Department Head, Naval Hospital, Cherry Point. Her phone number is (252) 466-0495 and E-mail jhill@nhcp.med.navy.mil.

D. R. Thompson
D. R. THOMPSON